

ACOG works to improve health among Native American women

Fellows in Service program offers challenges and rewards

“I decided to participate to pay back society, because I felt medicine had been good to me,” says John S. Mutterperl, MD, a retired physician from Massachusetts, speaking of his work with the Navajo in New Mexico. “I found that it was one of the most enriching experiences of my life and has helped to make my retirement worthwhile.”

Dr. Mutterperl is one of numerous ACOG Fellows who have participated in ACOG’s Fellows Serving Native American Women program, begun in the mid-1970s, soon after the creation of the ACOG Committee on American Indian Affairs. The committee helps the US Indian Health Service recruit ob-gyns for full-time positions at IHS hospitals. The Fellows in Service program places ob-gyns at IHS hospitals for brief periods to provide coverage for vacation, maternity leave, continuing education or when staff positions are temporarily unfilled.

Before his first ACOG assignment, Dr. Mutterperl asked to complete an obstetrics refresher course at his local medical school; he wanted to bring his sharpest skills to this demanding professional experience. He has completed eight assignments as a volunteer in Gallup, NM, and northern Arizona’s Fort. Defiance. “The work is always the high point of my year,” he notes. “To me this is ideal medicine. It’s hard work and very complicated obstetrics, but also an incredibly enriching experience.”

Phoenix ob-gyn Diana M. Herman, MD, who worked with the Navajo at the Tuba City Medical Center, concurs. “The idealism of the IHS physicians, who sometimes faced overwhelming need, was refreshing. They welcomed the relief provided by ACOG Fellows. Many of them were recent graduates of residency programs and they enjoyed the ‘pearls’ that seasoned physicians were able to provide. The experience offered a personal time of reflection, too, with hikes in the countryside away from the usual busy city life.”

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Practice, patient differences challenging

Dr. Mutterperl and Dr. Herman both noted cultural and geographic conditions that made practice challenging. “The Navajo don’t like to talk about the future and won’t even name their babies in utero,” says Dr. Mutterperl. “This makes the provision of prenatal care and preventive services difficult. I also found myself dealing with a great number of high-risk obstetric cases. This is because the smaller, more rural hospitals in Crownpoint and Zuni, NM, are staffed by family physicians who must send complicated ob-gyn cases to Gallup Indian Medical Center.”

“It’s a very high-risk and needy population,” agrees Dr. Herman. “I saw a number of abnormal Paps, for example. Sometimes, however, long-standing problems can be easily rectified. I fitted a 72-year-old grandmother with a pessary for severe uterine

prolapse. This was a condition that had plagued her for ten years, and she was extremely grateful. I also became an instant hit when I went to a local Wal-Mart and bought heating pads for the drawers where the speculums were stored.”

Alaska Native Medical Center draws patients for 1,000 miles

Deborah C. Eisenberg, MD, of New York, and John E. Tillis, MD, of Illinois, both completed assignments in Anchorage at the Alaska Native Medical Center. The hospital at Anchorage, with state-of-the-art computer and medical technology, is the referral center for the entire state. “Throughout the day, the on-call physician is fielding calls from health aides, nurse practitioners, and other doctors with management questions and transfers,” says Dr. Eisenberg

“Part of my orientation was to be shown on a state map where the calls would come from,” notes Dr. Tillis. “Nome, Barrow, or Kotzebue are all about 800 miles away, and there are some places in the Aleutian Islands more than 1,000 miles away. There is an extensive use of air transport from all of these areas.”

Dr. Eisenberg explains, “Pregnant women in the villages are transferred to regional ‘towns’ to await delivery, and cases that arouse the smallest degree of concern are transferred to Anchorage. The system is well-managed and all this consultation and air transport works.”

Physicians benefit as much as patients

Fellows who participate in the program express overwhelming enthusiasm for the experience, and many request additional assignments.

Part of what makes the assignments so rewarding is working with Native American women. “I can’t describe to you how enlightening it was to be among these women,” says Susan M. Richman, MD, of New Haven, CT. “They are kind, considerate, less complaining and happier than women in my Yale hospital practice in New Haven. Where else do patients step aside to let an elderly woman be seen first? Where else would you find teenage boys bringing their grandmothers in for Pap smears? I intend to continue with this service every year until I die.”

Peace. Contentment. An escape from the materialism, stress, and rush of city life. “I felt I spent the summer ‘detoxing’ from residency and the fast pace of the Northeast,” comments Dr. Eisenberg. “My eight weeks in Alaska among Native American women and their beautiful home has taught me to appreciate life and time spent with the people I care about. I return to the hustle and bustle of New York a changed woman, longing for the glaciers and the quiet.”

ACOG program has made a difference

The Fellows in Service program described above is one of three areas of ACOG’s collaboration with the IHS. The College also surveys Indian health facilities and provides postgraduate courses for physicians working there.

ACOG’s work among American Indian women began in 1970 with the creation of ACOG’s Committee on American Indian Affairs. At that time the maternal mortality rate of American Indian and Alaskan Native women was nearly 2.5 times that of Caucasian women, and only seven ob-gyns in the entire US were providing health care to this population. Since then, maternal mortality has dropped 75%, and hundreds of Indian

Health Service and tribal nonspecialist physicians and nurses have been trained by ACOG.

For more information about the Fellows in Service program, contact Yvonne Malloy at 800-673-8444 or 202 638 5577, or e-mail Yvonne at: ymalloy@acog.org